Topic: Annual Compliance Program Review	**Department:** Corporate Compliance
Original effective date: 3/28/23	**Last revision date:** 8/23/24
Owner: VP for Quality and Compliance	**Frequency of reviews:** Annual
Internal/Regulatory Reference(s) (all that apply): 18 NYCRR 521-1.4(g)(2)	
Related documents/Links: List of Compliance Program Review Interview Questions (attached)	

Policy: It is the policy of The Arc of Monroe that business, administrative and support functions promote personal and organizational outcomes.

Additional Information: The Arc of Monroe will conduct a review of its compliance program no less than annually, using the Office of the Medicaid Inspector General (OMIG) Compliance Program Review module, site visits, interviews with a sample of affected individuals, and review of agency records as appropriate. The VP for Quality and Compliance (VPQC) is responsible for initiating and conducting the annual compliance program review consistent with this policy and procedure. Affected parties will be asked a sampling of questions from the list of Compliance Program Review Interview Questions (see attached).

For the purposes of this policy, “Affected Parties” includes but is not limited to contractors, students/interns, volunteers, Board members and Board committees.

Procedure	
OMIG Compliance Program Review Module	
Task:	**Responsible party:**
1. Prior to beginning the annual Compliance Program Review, the NYS OMIG website will be checked to ensure we are using the most current version of the Program Review Module	VPQC
2. In the third quarter of each year, the VPQC will complete the Program Review Module, identifying the necessary supporting records as indicated by the module and noting if there are any areas where apparent gaps are believed to exist.	VPQC
Site Visits and Interview with Affected Individuals	
1. The VPQC will identify a sample of sites to visit. The purpose of these visits is to conduct an observation of the facility to identify if there are any compliance-related concerns noted.	VPQC
2. Site observations may include but are not limited to observing office operations, interactions between different staff or between staff and people we support, the provision of services, management of PHI (consistent with HIPAA), and the presence of a Compliance Hotline.	VPQC
3. The VPQC will identify a sample of affected individuals to interview. These may or may not coincide with a site visit.	
4. They will be asked a sample of questions from the list of Compliance Program Review Interview Questions.	VPQC
5.	

6. Responses will be documented, to include the date, time, location/method, name of person interviewed and title/role.	VPQC
7. Where appropriate, retraining or additional information will be provided to correct inaccurate information shared by the interviewee.	VPQC
8. Interview results will be summarized/aggregated. Trended results will be included as part of the final Annual Compliance Program Review report. Individual responses will not be shared except to the NYS OMIG upon request.	VPQC
9. Site visit observations will be summarized	VPQC
Record Reviews:	
1. A review of internal and external audit results and trends, as well as of other documentation or information as appropriate will be conducted to identify any area(s) where additional focus might be needed in the compliance program	VPQC
Final Compliance Program Review Report	
1. The results of the Program Review Module, the interviews of affected people, the site visit observations, and the record review will be consolidated into a single report.	VPQC
2. The final report will be submitted to the Internal Compliance Committee (ICC) for review and discussion.	VPQC
3. The ICC will review the complete final report and provide feedback to the VPQC and others with responsibility for the findings.	ICC
4. In response to findings for which the VPQC/Compliance Officer is directly responsible, the VPQC will submit a formal written response to the findings to the ICC.	VPQC
5. In response to findings for which others are responsible, the Senior Leader with responsibility for the area with findings will be responsible for submitting a formal written response to the ICC.	VPQC; VP
6. The ICC will review the responses, provide additional feedback if necessary. When responses are deemed acceptable, the ICC will accept both the full report and the agency's response to its findings.	ICC
7. All Compliance Program Reviews will be archived for a period of 6 years from date of final acceptance by the ICC.	VPQC
8. A summary of the Compliance Program Review findings will be included in annual Compliance Program Review presentation to the Board of Directors. Board members may request to see the full Compliance Program Review at any time.	VPQC; Board of Directors

Document revision record:

Revision Date	Release Date	Reason for change	Approver
	4/28/23	New policy – Written 3/15/23; Approved 4/28/23	ICC

9/13/23	9/13/23	Removed redundancies and stated formally that individual interview results will not be shared	ICC
8/23/24	9/25/24	Defined “Affected parties” for the purposes of this policy; added a clear statement regarding completing the self-assessment module; added individual bullets regarding site visits and interviews, and removed redundancy; clarified what happens with trended interview data and limitations on its release	ICC

Corporate Compliance Program Review Interview Questions

As part of the annual Compliance Program Review, a sample of affected individuals will be asked a sample of the following questions, consistent with the policy, "Annual Compliance Program Review." These parties will include, but not necessarily be limited to, employees (including management and executive leadership), contractors, subcontractors, vendors, students, interns, volunteers, and members of the Board of Directors. Certain questions only apply to certain people or roles in the organization.

1. Where can you find all of the agency's Corporate Compliance and HIPAA Privacy policies?

2. Who are 2 people you can report a compliance concern to?

3. What are 2 ways you can report a compliance concern?

4. If you wanted to report a compliance concern anonymously, what is one way you could do so?

5. Are you aware of the agency's Compliance Hotline. If you wanted to use it, how would you find the number or the website?

6. What is the agency's contemporaneous documentation standard? In other words, by when should you have your service documentation completed? By when must you have it completed?

7. Can you be intimidated or retaliated against for reporting a compliance concern in good faith – meaning you believe that what you are reporting is accurate?

8. Is it OK to put things into your service documentation that you might not have done … or to exaggerate what you did, even if it's not really accurate?

9. Can you make a false report against someone else because you don't like something they did?

10. Can you be intimidated or retaliated against for participating in an investigation?

11. Can you be intimidated or retaliated against for being part of an internal audit?

12. In regards to reporting a compliance issue that you become aware of, can you choose not to report it or are you obligated to report it?

13. Can you intimidate or retaliate against someone else if they report a compliance concern?

14. Can you intimidate or retaliate against someone else if they participated in an investigation?

15. Who is responsible for maintaining your clinical licensure?

16. How often do staff action plans have to be reviewed per regulations? Can this only happen if there is a LifePlan meeting?

17. Is it OK for you to get movie tickets if you agree to accept someone into your program?

18. If, as a board member, your company wishes to bid on a project for The Arc, is it OK for you to participate in the final decision or vote? Is it OK for you to try to influence the decision?
19. Where does The Arc get most of its money from?
20. Is it better to cover up a mistake or report it?
21. Whose responsibility is Corporate Compliance?
22. If there is a compliance investigation and you're asked to be interviewed, do you have to participate or can you choose not to?
23. What is Fraud? What are the components that make something Fraud?
24. Can there be false documentation that is not fraud or are they always the same thing? How is Fraud different from false documentation?
25. What are 2 points on the Fraud Triangle?
26. Why is segregation of duties so important?
27. What does your signature (electronic or otherwise) on service documentation or a staff action plan mean?
28. Is it OK to up-code – to assign a code for more services than were provided? Why or why not?
29. Is it OK to keep someone's van waiting (without providing any services) just to get them to a full day of billing?
30. If your clinical license was suspended, revoked or lost, do you need to tell us or can you keep working without saying anything?
31. What does "due diligence" mean in regards to regulations and running your program?
32. If you find that you received Medicaid money you were not entitled to (your program was overpaid), in how many days must the money be paid back?
33. What is a simple definition of integrity? Why is it important here at The Arc?
34. Why is using a consistent disciplinary process so important?
35. What is a False Claim? What are the False Claims Acts?
36. Thinking about corporate compliance, when something happens that shouldn't, what is one thing that you should develop in response?